

Lines 11 through 29--Reserved for future use.

Inpatient Hospital Services Under the IPPS & CAH--

Line 30--Enter the initial (first) payment received for HIT assets for this cost reporting period. This initial payment is a single payment for the cost reporting period rather than a series of periodic interim payments during the period. This line must be completed by the providers for standard cost reporting periods and by the contractors for nonstandard cost reporting periods.

Line 31--Enter the sum of all additional initial payment adjustments, as applicable for this cost reporting period. Enter a positive amount on this line if the sum of the initial payment adjustments represents an increase to the initial payment. Enter a negative amount on this line if the sum of the initial payment adjustments represents a decrease to the initial payment.

Line 32--Balance Due Provider/(Program)--Calculate and enter the result of line 8 minus the sum of lines 30 and 31. Effective for cost reporting periods that overlap or begin on or after April 1, 2013, calculate and enter the result of line 10 minus the sum of lines 30 and 31. Transfer this amount to Worksheet S, Part III, column 4, line 1.

4032. WORKSHEET E-2 - CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING-BEDS

This worksheet provides for the reimbursement calculation for swing-bed services rendered to program patients under titles V, XVIII, and XIX. It provides for an accumulation of reimbursable costs determined on various worksheets within the cost report package. It also provides (under Part B) for the computation of the lesser of 80 percent of reasonable cost after deductibles or reasonable cost minus coinsurance and deductibles. These worksheets have been designed so that components must prepare a separate worksheet for swing-bed SNF title XVIII, Parts A and B, and separate worksheets for swing-bed NF for title V and title XIX. Use column 1 only on the worksheets for title V and title XIX. Indicate the use of each worksheet by checking the appropriate boxes.

For IPPS hospitals participating in the PARHM demonstration during this cost reporting period and (1) the hospital participated in the PARHM demonstration for the entire cost reporting period, select the "PARHM CAH Swing-Bed SNF" box and complete this worksheet; or (2) the hospital participated in the PARHM demonstration for a portion of the cost reporting period, select the "PARHM CAH Swing-Bed SNF" box and complete Worksheet E-2, for the portion of the cost reporting period included in the demonstration. Select the "Swing-Bed SNF" box and complete a separate Worksheet E-2, for the portion of the cost reporting period not included in the demonstration.

Lines 1 through 9--Enter in the appropriate column on lines 1 through 7, the indicated costs for each component of the health care complex.

Line 1--Post-hospital swing-beds in rural hospitals (other than CAHs) are paid in accordance with SNF PPS. Enter the total SNF PPS payments in column 1 or 2, as applicable, from the provider's books and records or the PS&R. (See 42 CFR 413.114(a)(2).) For CAHs, transfer 101 percent of the cost of swing-bed SNF inpatient routine services from Worksheet D-1, Part II, line 66.

Do not use lines 2 and 3, column 1, for swing-bed SNF PPS providers.

Line 2--Enter the cost of swing-bed NF inpatient routine services from Worksheet D-1, Part II, line 69 (titles V and XIX only). Make no entry on line 2 when Worksheet E-2 is used for swing-bed SNF.

Line 3--Enter the amount of ancillary services provided by swing-bed-SNFs for vaccines (pneumococcal, influenza, COVID-19, and monoclonal antibody products for treatment of COVID-19) that are cost reimbursed in column 2. For CAH title XVIII services, transfer 101 percent of the amounts from the applicable worksheets and, for swing-bed SNF services that are cost reimbursed, transfer 100 percent of the amount from the applicable worksheet:

Title V	from	Worksheet D-3, col. 3, line 200
Title XVIII, Part A	from	Worksheet D-3, col. 3, line 200
Title XVIII, Part B	from	The sum of Worksheet D, Part V, columns 6 and 7, line 202
Title XIX	from	Worksheet D-3, col. 3, line 200

Enter title XVIII, Part B amounts only in column 2. Enter all other amounts in column 1.

For swing-bed pass through costs, transfer the title XVIII, Part A amounts from Worksheet D, Part IV, column 11, line 200.

Line 3.01--This line is a subset of line 3. Amounts included are from Worksheet D, Part IV, column 11, line 200. Only those participating in the PARHM demonstration complete this line.

Line 4--Enter (in column 1 for titles V and XIX and in column 2 for title XVIII) the per diem cost for interns and residents not in an approved teaching program transferred from Worksheet D-2, Part I, column 4, line 2.

Line 5--For title XVIII, enter in column 1 the total number of days in which program swing-bed SNF patients were inpatients. Transfer these days from Worksheet D-1, Part I, sum of lines 10 and 11. For titles V or XIX, enter in column 1 the total number of days in which program swing-bed NF patients were inpatients. Transfer these days from Worksheet D-1, Part I, sum of lines 12 and 13. For title XVIII, enter in column 2, the total number of days in which Medicare swing-bed beneficiaries were inpatients and had Medicare Part B coverage. Determine such days without regard to whether Part A benefits were available. Submit a reconciliation with the cost report demonstrating the computation of Medicare Part B inpatient days.

The following reconciliation format is recommended:

Part A Inpatient Days	Plus	Part B Only Days	Minus	Part A Coverage But No Part B Days Coverage	Equals	Medicare Part B Days
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NOTE: See §4026.1.

Line 6--Enter the amount on line 4 multiplied by the number of days recorded on line 5, plus, if the hospital qualifies for the exception for GME payments in 42 CFR 413.77(e)(1), the amount from Worksheet D-2, Part II, column 7, line 30. Effective for cost reporting periods beginning on or after December 27, 2020, do not include the amount from Worksheet D-2, Part II, column 7, line 30, as the exception for direct GME payments no longer applies.

Line 7--If Worksheet E-2 is completed for a certified SNF, enter the applicable program's share of the reasonable compensation paid to physicians for services on utilization review committees applicable to the SNF.

Line 8--Enter the sum of lines 1 through 3, plus lines 6 and 7, for each column.

Line 9--Enter any amounts paid and/or payable by workers' compensation and other primary payers. (See instructions for Worksheet E, Part A, line 60, in §4030.1 for further clarification.)

Line 10--Line 8 minus line 9.

Line 11--Enter the deductible billed to program patients. DO NOT INCLUDE deductible applicable to physician professional services. Obtain this amount from your records.

Line 12--Enter line 10 minus line 11.

Line 13--Enter from your records the amounts billed to program patients for coinsurance. DO NOT INCLUDE coinsurance billed to program patients for physician professional services.

Line 14--For cost reporting periods beginning before September 30, 2019, in column 2, enter 80 percent of the amount on line 12. For cost reporting periods ending on or after September 30, 2019, do not complete this line.

Line 15--For cost reporting periods beginning before September 30, 2019, enter the lesser of line 12, less line 13, or line 14. For cost reporting periods ending on or after September 30, 2019, enter the amount of line 12, less line 13.

Line 16--Enter any other adjustments.

Line 16.50--Enter the Pioneer ACO demonstration payment adjustment amount. Obtain this amount from the PS&R. Do not use this line for services rendered on or after January 1, 2017. Report any ACO demonstration payment adjustments for services on or after January 1, 2017, on line 16.99 or line 19.02, accordingly.

Line 16.55--Enter the §410A rural community hospital demonstration project payment adjustment amount.

Line 16.99--Enter any demonstration payment adjustment amounts for demonstration projects in which the provider participated where the demonstration adjustment amounts are subject to the sequestration adjustment. Obtain this amount from the PS&R. Do not include demonstration payment adjustment amounts reported on lines 16.50 and 16.55.

Line 17--When Worksheet E-2 is completed for Medicare, enter the amount of bad debts (net of bad debt recoveries) for billed deductibles and coinsurance (excluding bad debts for physician professional services and bad debts arising from covered services paid under a reasonable charge-based methodology or a fee-schedule) for Part A services in column 1, and for Part B services in column 2. If recoveries exceed the current year's bad debts, line 17 will be negative. (See 42 CFR 413.89.)

Line 17.01--For cost reporting periods that begin prior to October 1, 2012, enter the amount on line 17. For cost reporting periods that begin on or after October 1, 2012, calculate this line as follows: $[(\text{line 17} - \text{line 18}) * 65 \text{ percent}] + (\text{line 18} * 88 \text{ percent})$. For cost reporting periods that begin on or after October 1, 2013, calculate this line as follows: $[(\text{line 17} - \text{line 18}) * 65 \text{ percent}] + (\text{line 18} * 76 \text{ percent})$. For cost reporting periods that begin on or after October 1, 2014, multiply the amount on line 17 by 65 percent.

Line 18--Enter the gross allowable bad debts for dual eligible beneficiaries. For cost reporting periods that begin prior to October 1, 2012, this amount is reported for statistical purposes only. This amount must also be reported on line 17.

Line 19--For title XVIII, Part A, enter in column 1, the sum of lines 15, 16.55, and 17.01, plus or minus line 16, and minus lines 16.50, and 16.99. For title XVIII, Part B, enter in column 2, the sum of lines 15 and 17.01, plus or minus line 16, and minus lines 16.50, and 16.99. For titles V and XIX, enter in column 1, the sum of line 15, plus or minus line 16.

Line 19.01--For cost reporting periods that overlap or begin on or after April 1, 2013, calculate the sequestration adjustment amount as follows: [(2 percent times (total days in the cost reporting period that occur during the sequestration period, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places) times line 19]. Do not apply the sequestration calculation when gross reimbursement (line 19) is less than zero. In accordance with §3709 of the CARES Act, as amended by §102 of the CAA 2021, §1 of Public Law 117-7, and §2 of the PAMA 2021, do not apply the sequestration adjustment to the period of May 1, 2020, through March 31, 2022. In accordance with §2 of the PAMA 2021, for cost reporting periods that overlap or begin on or after April 1, 2022, calculate the sequestration adjustment amount for the period of April 1, 2022, through June 30, 2022, as follows: [(1 percent times (total days in the cost reporting period that occur from April 1, 2022, through June 30, 2022, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places), times line 19]; and for cost reporting periods that overlap or begin on or after July 1, 2022, calculate the sequestration adjustment amount as follows: [(2 percent times (total days in the cost reporting period that occur on or after July 1, 2022, through the end of the cost reporting period, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places) times line 19].

For non-CAHs' for cost reporting periods that overlap or begin on or after May 1, 2020, enter the sequestration adjustment amount from the PS&R (claims based amounts). In accordance with §3709 of the CARES Act, as amended by §102 of the CAA 2021, §1 of Public Law 117-7, and §2 of the PAMA 2021, do not apply the sequestration adjustment to the period of May 1, 2020, through March 31, 2022. In accordance with §2 of the PAMA 2021, the sequestration adjustment is 1 percent for the portion of the cost reporting period from April 1, 2022, through June 30, 2022; and 2 percent for the portion of the cost reporting period on or after July 1, 2022.

Line 19.02--Enter any demonstration payment adjustment amounts for demonstration projects in which the provider participated where the demonstration adjustment amounts are not subject to the sequestration adjustment. Obtain this amount from the PS&R.

Line 19.03--This line is a subset of line 19.01. Enter the sequestration adjustment amount for the portion of the cost reporting period that the hospital participated in the PARHM demonstration. Enter the sequestration adjustment amount as [2 percent times the sum of lines 3.01 and 17.01].

For cost reporting periods that overlap or begin on or after May 1, 2020, this line is a subset of line 19.25. Calculate the sequestration adjustment amount for the portion of the cost reporting period that the hospital participated in the PARHM demonstration. Calculate the sequestration adjustment amount as [(2 percent times (total days in the cost reporting period that occur during the sequestration period, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places) times the sum of lines 3.01 and 17.01]. In accordance with §3709 of the CARES Act, as amended by §102 of the CAA 2021, §1 of Public Law 117-7, and §2 of the PAMA 2021, do not apply the sequestration adjustment to the period of May 1, 2020, through March 31, 2022.) In accordance with §2 of the PAMA 2021, for cost reporting periods that overlap or begin on or after April 1, 2022, calculate the sequestration adjustment amount for the period of April 1, 2022, through June 30, 2022, as follows: [(1 percent times (total days in the cost reporting period that occur from April 1, 2022, through June 30, 2022, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places), times the sum of (lines 3.01 and 17.01)]; and for cost reporting periods that overlap or begin on or after July 1, 2022, calculate the sequestration adjustment amount as follows: [(2 percent times (total days in the cost reporting period that occur on or after July 1, 2022, through the end of the cost reporting period, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places) times the sum of (lines 3.01 and 17.01)].

Line 19.25--For non-CAHs' for cost reporting periods that overlap or begin on or after May 1, 2020, calculate the sequestration adjustment for non-claims based amounts as [(2 percent times (total days in the cost reporting period that occur during the sequestration period, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places) times the sum of (lines 3, 6, 7, 16 and its subscripts, 16.55 (do not use lines 16.50 or 16.99 in this calculation), and line 17.01)]. If the sum is less than zero, do not calculate the sequestration adjustment. In accordance with §3709 of the CARES Act, as amended by §102 of the CAA 2021, §1 of Public Law 117-7, and §2 of the PAMA 2021, do not apply the sequestration adjustment to the period of May 1, 2020, through March 31, 2022.) In accordance with §2 of the PAMA 2021, for cost reporting periods that overlap or begin on or after April 1, 2022, calculate the sequestration adjustment amount for the period of April 1, 2022, through June 30, 2022, as follows: [(1 percent times (total days in the cost reporting period that occur from April 1, 2022, through June 30, 2022, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places), times the sum of (lines 3, 6, 7, 16 and its subscripts, 16.55 (do not use lines 16.50 or 16.99 in this calculation), and line 17.01)]; and for cost reporting periods that overlap or begin on or after July 1, 2022, calculate the sequestration adjustment amount as follows: [(2 percent times (total days in the cost reporting period that occur on or after July 1, 2022, through the end of the cost reporting period, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places) times the sum of (lines 3, 6, 7, 16 and its subscripts, 16.55 (do not use lines 16.50 or 16.99 in this calculation), and line 17.01)].

Line 20--For title XVIII, enter in column 1, the amount from the appropriate Worksheet E-1, column 2, line 4, and enter in column 2, the amount from the appropriate Worksheet E-1, column 4, line 4. For contractor final settlement, report on line 21 the amount from line 5.99 for columns 2 and 4. For titles V and XIX, enter interim payments from your records.

Line 20.01--This line is a subset of line 20. Enter the interim pass-through payments received (or receivable) for the portion of the cost reporting period that the hospital participated in the PARHM demonstration. These payments should include bi-weekly pass-through payments as well as any lump sum adjustments received for bad debts and NAHE.

Line 21--Tentative settlement amount (transfer this amount from Worksheet E-1, Part I, columns 2 and 4, as applicable, line 5.99).

Line 21.01--Tentative settlement amount PARHM demonstration (enter the tentative settlement amount from the PARHM demonstration Worksheet E-1, Part I, columns 2 and 4, as applicable, line 5.99).

Line 22--Enter line 19 minus the sum of lines 19.01, 19.02, 19.25, 20, and 21. Transfer this amount to Worksheet S, Part III, columns as appropriate, lines 5 or 6, for the swing-bed SNF or the swing-bed NF, respectively. For providers participating in the PARHM demonstration, do not transfer amounts from this line. See line 22.01 for instruction.

Line 22.01--For providers participating in the PARHM demonstration complete this line for the settlement of pass-through payments paid outside of the PARHM demonstration. The amount reported on this line is a subset of the amount reported on line 22. Enter the sum of lines 3.01 and 17.01, minus lines 19.03, 20.01, and 21.01. Transfer to Worksheet S, Part III, columns as appropriate, line 5.01 for the swing-bed PARHM-CAH only.

Line 23--Enter the Medicare reimbursement effect of protested items. Estimate the reimbursement effect of the non-allowable items by applying reasonable methodology which closely approximates the actual effect of the item as if it had been determined through the normal cost finding process. (See CMS Pub. 15-2, chapter 1, §115.2.) Attach a schedule showing the supporting details and computations for this line.

Rural Community Health Demonstration Project (§410A Demonstration) Adjustment--For cost reporting periods ending on or after September 30, 2017, lines 200 through 215 provide for the calculation of the §410A Demonstration project adjustment in accordance with the MMA of 2003, §410A, and extended under §§3123 and 10313 of the ACA 2010, and §15003 of the 21st Century Cures Act of 2016. Complete the applicable lines if Worksheet S-2, Part I, line 110, is "Y," and calculate lines 201 and 202 based on reimbursement cost at 100 percent (not 101 percent).

A hospital participating in the §410A Demonstration receives payment for inpatient swing-bed SNF services, furnished to Medicare beneficiaries, with the exclusion of services furnished in a psychiatric or rehabilitation unit that is a distinct part of the hospital, using the following rules:

- a) For discharges occurring in the first cost reporting period on or after the implementation of the extension, their reasonable costs of providing covered inpatient swing-bed services;
- b) For discharges occurring during the second and subsequent cost reporting periods, the lesser of their reasonable costs or a target amount.
- c) The target amount for each of the remaining cost reporting periods of the 5-year extension period is defined as the reasonable costs of providing covered inpatient swing-bed services in the first cost reporting period, increased by the applicable percentage increase (under clause (i) of §1886(b)(3)(B) of the Act) in the market basket percentage increase for each particular cost reporting period.

Line 200--Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.

Line 201--Enter in column 1, the Medicare swing-bed SNF inpatient routine service costs from the hospital Worksheet D-1, Part II, line 66.

Line 202--Enter in column 1, the Medicare swing-bed SNF inpatient ancillary service costs from the Swing-bed SNF Worksheet D-3, column 3, line 200.

Line 203--Enter in column 1, the sum of lines 201 and 202.

Line 204--Enter in column 1, the Medicare swing-bed SNF discharges. Obtain this amount from the PS&R.

Line 205--Enter in column 1, the Medicare swing-bed target amount per discharge. Obtain the target amount from the contractor.

Line 206--Enter in column 1, the Medicare swing-bed inpatient routine cost cap determined by multiplying line 205 times line 204.

Line 207--Enter in column 1, the Program reimbursement as determined under the §410A Demonstration as follows: For the first year of the current 5-year demonstration period, enter the amount from line 203. For the subsequent years of the current 5-year demonstration period, enter the lesser of line 203 or line 206.

Line 208--Enter in column 1, the Medicare swing-bed SNF inpatient service costs for Medicare beneficiaries from Worksheet E-2, column 1, line 1 (inpatient routine service costs), and line 3 (inpatient ancillary service costs).

Line 209--Enter in column 1, the adjustment to the Medicare swing-bed PPS payments by subtracting line 208 (reimbursement under IPPS) from line 207 (cost reimbursement under the §410A Demonstration).

Line 210--This line is reserved for future use.

Line 215--Enter in column 1, the total adjustment to the Medicare swing-bed PPS payment, the amount from line 209. Transfer the amount to column 1, line 16.55.